

LONG REPORT - completed annually by: For-Profit Companies and Larger Ambulance Organizations
- completed by all applicants for a General Rate Increase

ACTUAL FINANCIAL DATA

AMBULANCE REVENUE and COST REPORT

GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: River Medical Inc. CON No. 94

D.B.A. (Doing Business As): River Medical Business Phone: 928-855-4104

Financial Records Address: 415 El Camino Way City: Lake Havasu Zip Code: 86403

Mailing Address (If Different): _____ City: _____ Zip Code: _____

Owner / Manager: Regional Director - John Valentine

Report Contact Person: Regional Director - John Valentine Business Phone: 928-855-4104 Ext. _____

Report for Actual Period: From: January 1, 2015 To: December 31, 2015

Method of Valuing Inventory: LIFO: _____ FIFO: X Other (Explain): _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.
American Medical Response, Inc.; Envision Healthcare Holdings, Inc.

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____

Regional Operations and Finance Officer

Date: June 30, 2016

Mail to:

Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: River Medical Inc.

FOR THE ACTUAL PERIOD FROM: January 1, 2015 TO: December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:	99	-	15,429	15,528
2	Number of BLS Billable Transports:	18	-	2,756	2,774
3	Number of Loaded Billable Miles:	915	-	349,870	350,785
4	Waiting Time (Hr. & Min.):	-	-	53	53
5	Canceled (Non-Billable) Runs:	-	-	-	-

Number

Volunteer Services: (OPTIONAL)

Donated
Hours

6	Paramedic and IEMT	.....	.....	.....	-
7	Emergency Medical Technician - B	.....	.....	.....	-
8	Other Ambulance Attendants	.....	.....	.....	-
9	Total Volunteer Hours	.....	.....	.....	-

** This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: River Medical Inc.
FOR THE ACTUAL PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	<u>Type of Service</u>	(1) SUBSIDIZED PATIENTS	(2) NON- SUBSIDIZED PATIENTS	(3) <u>TOTALS</u>
1	Number of ALS Billable Transports:	-	15,528	15,528
2	Number of BLS Billable Transports:	-	2,774	2,774
3	Number of Loaded Billable Miles:	-	350,785	350,785
4	Waiting Time (Hr. & Min.):	-	53	53
5	Canceled (Non-Billable) Runs:	-	-	-

Volunteer Services: (OPTIONAL)

Line No.	Type of Service	Donated Hours
6	Paramedic and IEMT	-
7	Emergency Medical Technician - B	-
8	Other Ambulance Attendants	-
9	Total Volunteer Hours	-

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO:

December 31, 2015

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 34,267,358
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	3,281,738
3	Medicare Settlement	Page 3.1, Line 12	11,285,861
4	Contractual Discounts	Page 7, Line 22	-
5	Subscription Service Settlement	Page 8, Line 4	11,537
6	Other (VA, Tricare & out-of-state Medicaid)	Page 3.1, Line 13	311,299
7	Total	Sum of Lines 2 through 6	14,890,435
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	19,376,923
9	Sales of Subscription Service Contracts	Page 8, Line 8	29,216
10	Total Operating Revenue	Line 8, plus Line 9	\$ 19,406,139
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		2,407,770
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	8,257,283
13	General and Administrative Expenses	Page 5, Line 20	543,621
14	Cost of Goods Sold	Page 3, Line 15	246,175
15	Other Operating Expense	Page 6, Line 28	2,283,168
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	1,547,720
17	Subscription Service Direct Selling	Page 8, Line 23	-
18	Total Operating Expense	Sum of Lines 11 through 17	15,285,736
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	4,120,402
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	(721,793)
21	Non-Operating Revenue and Expense		-
22	Non-Deductible Expenses (Attach Schedule)		-
23	Total Other Revenues / Expenses	Sum of Lines 20 - 22	(721,793)
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	3,398,609
Provision for Income Taxes:			
25	Federal Income Tax		1,189,513
26	State Income Tax		169,930
27	Total Income Tax	Lines 25, plus Line 26	1,359,444
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	2,039,165

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

ROUTINE OPERATING REVENUE

Line No.	DESCRIPTION							
Ambulance Service Routine Operating Revenue:								
1	ALS Base Rate Amount	Rate	\$ 1,420.08	x No. of Runs	5,058	=	\$ 7,182,765	
		Rate	1,449.19	x No. of Runs	10,470	=	15,173,217	
2	BLS Base Rate Amount	Rate	1,420.08	x No. of Runs	819	=	1,163,046	
		Rate	1,449.19	x No. of Runs	1,955	=	2,832,963	
3	Mileage Rate Amount	Rate	20.57	x No. of Billable Miles	110,869	=	2,280,575	
		Rate	20.99	x No. of Billable Miles	239,916	=	5,035,843	
4	Waiting Charge Amount	Rate	355.03	x No. of Hours	21	=	7,573	
		Rate	362.31	x No. of Hours	32	=	11,491	
5	Medical Supplies (Gross Charges to patients)						-	
6	Nurse Charges						-	
7	Total						33,687,472	
8	Standby Revenue (Attach Schedule)						483,731	
9	Other Ambulance Service Revenue - Dispatch, air crew and other misc income						96,155	
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$ 34,267,358	
Cost of Goods Sold: (Medical Supplies)								
11	Inventory at Beginning of Year				170,760			
12	Plus Purchases				275,338			
13	Plus Other Costs							
14	Less Inventory at End of Year				199,923			
15	Cost of Goods Sold (To Page 2, Line 14)						\$ 246,175	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	DESCRIPTION	SUBSIDIZED PATIENTS	NON- SUBSIDIZED PATIENTS	TOTALS
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$ -	\$ 22,355,981	\$ 22,355,981
2	BLS Base Rate	-	3,996,008	3,996,008
3	Mileage Charge	-	7,316,418	7,316,418
4	Waiting Charge	-	19,064	19,064
5	Medical Supplies (Gross Charges)	-	-	-
6	Nurses' Charges	-	-	-
7	Total	\$ -	\$ 33,687,472	\$ 33,687,472
Plus:				
8	Standby Revenue (Attach Schedule)			483,731
9	Other Ambulance Service Revenue (dispatch and other misc income).....			96,155
10	Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1)			\$ 34,267,358
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ -	\$ 3,281,738	\$ 3,281,738
12	Medicare Settlement (Post total to Pg 2, Line 3)	-	11,285,861	11,285,861
13	Subsidy (Post total to Pg 2, Line 6)	-	xxxxxxx	-
14	Other (VA, Tricare and other out-of-state Medicaid)	-	311,299	311,299
15	Total Settlements (Post to Pg 2, Line 7)	\$ -	\$ 14,878,898	\$ 14,878,898

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

January 1, 2015

TO:

December 31, 2015

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION		No. of *F.T.E.	AMOUNT
	OFFICERS / OWNERS (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages			\$ -
2	Payroll Taxes			
3	Employee Fringe Benefits			
4	Total		0.0	-
	MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages		14.2	951,329
6	Payroll Taxes			72,675
7	Employee Fringe Benefits			178,241
8	Total		14.2	1,202,146
	AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
	Gross Wages			
9	Paramedics and IEMT	\$	78.6	3,393,190
10	Emergency Medical Technician (EMT)	\$	70.0	1,758,086
11	Nurses		0.0	-
12	Payroll Taxes			392,981
13	Employee Fringe Benefits			965,145
14	Total		148.6	6,509,402
	OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
	Gross Wages			
15	Dispatch		11.1	422,356
16	Mechanics		0.0	-
17	Office and Clerical		0.0	-
18	Other		0.0	9,517
19	Payroll Taxes			32,947
20	Employee Fringe Benefits			80,916
21	Total		11.1	545,735
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits (Post to Pg 2, line 12)		173.8	\$ 8,257,283

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: River Medical Inc.

FOR THE ACTUAL PERIOD January 1, 2015 TO: December 31, 2015

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount	
MANAGEMENT						
1	Gross Wages (Attach Schedule II)	14.20	951,329	100%	951,329	
2	Payroll Taxes		72,575	100%	72,575	
3	Employee Fringe Benefits		178,241	100%	178,241	
4	Total	14.2	1,202,146		1,202,146	
AMBULANCE PERSONNEL		** Contractual	Wages			
Gross Wages (Attach Schedule II)		Labor				
5	Paramedics and IEMT	\$	78.61	3,393,190	100%	3,393,190
6	Emergency Medical Technician (EMT)		69.95	1,758,086	100%	1,758,086
7	Nurses		-	-	100%	-
8	Drivers		-	-	100%	-
9	Payroll Taxes			392,981	100%	392,981
10	Employee Fringe Benefits			965,145	100%	965,145
11	Total		148.6	6,509,402		6,509,402
OTHER PERSONNEL						
Gross Wages (Attach Schedule II)						
12	Dispatch		11.07	422,356	100%	422,356
13	Mechanics		-	-	100%	-
14	Office and Clerical		-	-	100%	-
15	Other		-	9,517	100%	9,517
16	Payroll Taxes			32,947	100%	32,947
17	Employee Fringe Benefits			80,916	100%	80,916
18	Total		11.07	545,735		545,735
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS (Post to Pg 2, line 12)	173.83	8,257,283		\$ 8,257,283	

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.'s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

Line No.	DESCRIPTION	<u>Basis of Allocations</u>
1	Gross Wages - MANAGEMENT	<u>All personnel are 100% dedicated to ambulance services.</u>
2	Payroll Taxes	<u>100% ambulance services.</u>
3	Employee Fringe Benefits	<u>100% ambulance services.</u>
4	Total	<u>100% ambulance services.</u>
		Contractual Wages
Gross Wages - AMBULANCE PERSONNEL		
5	Paramedics and IEMT	<u>100% ambulance services.</u>
6	Emergency Medical Technician (EMT)	<u>100% ambulance services.</u>
7	Nurses	<u>100% ambulance services.</u>
8	Drivers	<u>100% ambulance services.</u>
9	Payroll Taxes	<u>100% ambulance services.</u>
10	Employee Fringe Benefits	<u>100% ambulance services.</u>
11	Total	<u>100% ambulance services.</u>
Gross Wages - OTHER PERSONNEL		
12	Dispatch	<u>100% ambulance services.</u>
13	Mechanics	<u>100% ambulance services.</u>
14	Office and Clerical	<u>100% ambulance services.</u>
15	Other	<u>100% ambulance services.</u>
16	Payroll Taxes	<u>100% ambulance services.</u>
17	Employee Fringe Benefits	<u>100% ambulance services.</u>
18	Total	<u>100% ambulance services.</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES

Line

No.

DESCRIPTION

Professional Service:

1	Legal Fees	\$ 115,395	
2	Collection Fees	8,018	
3	Accounting and Auditing	-	
4	Data Processing Fees	-	
5	Other (Attach Schedule)	89,538	
6	Total		\$ 212,951

Travel and Entertainment:

7	Meals and Entertainment	11,849	
8	Transportation - Other Company Vehicles	-	
9	Travel	36,112	
10	Other (Attach Schedule)	-	
11	Total		47,962

Other General and Administrative:

12	Office Supplies	23,593	
13	Postage	18,538	
14	Telephone	140,285	
15	Advertising	14,674	
16	Professional Liability Insurance (includes General liability and property insurance)	67,294	
17	Dues and Subscriptions	2,182	
18	Other (Attach Schedule)	16,144	
19	Total		282,708

20	Total General and Administrative Expenses (Post to Page 2, Line 13)		\$ 543,621
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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES SUPPORTING DETAIL

Line

No.

DESCRIPTION

Professional Service Other:

1	Consulting Fees	\$	<u>89,538</u>
2	.....		<u>-</u>
3	.....		<u>-</u>
4	.....	
5	.....	
6	.....	\$	<u>89,538</u>

Travel and Entertainment Other:

7	.....		<u>-</u>
8	.....		<u>-</u>
9	.....		<u>-</u>
10	.....		<u>-</u>
11	Total		<u>-</u>

Other General and Administrative:

12	Printing		<u>(347)</u>
13	Overnight Delivery		<u>2,126</u>
14	Other Misc expenses		<u>-</u>
15	Employee recruitment		<u>8,100</u>
16	Sales & Use Tax; State Franchise Tax		<u>2,683</u>
17	Business license expense		<u>-</u>
18	Fines and penalties		<u>3,582</u>
19	Total		<u>16,144</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: River Medical Inc.

FOR THE ACTUAL PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Service:				
1	Legal Fees	\$ 115,395	100%	\$ 115,395
2	Collection Fees	8,018	100%	8,018
3	Accounting and Auditing	-	100%	-
4	Data Processing Fees	-	100%	-
5	Other (Attach Schedule)	89,538	100%	89,538
6	Total	212,951		212,951
Travel and Entertainment:				
7	Meals and Entertainment	11,849	100%	11,849
8	Transportation - Other Company Vehicles	-	100%	-
9	Travel	36,112	100%	36,112
10	Other (Attach Schedule)	-	100%	-
11	Total	47,962		47,962
Other General and Administrative:				
12	Office Supplies	23,593	100%	23,593
13	Postage	18,538	100%	18,538
14	Telephone	140,285	100%	140,285
15	Advertising	14,674	100%	14,674
16	Professional Liability Insurance	67,294	100%	67,294
17	Dues and Subscriptions	2,182	100%	2,182
18	Other (Attach Schedule)	16,144	100%	16,144
19	Total	282,708		282,708
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 543,621		543,621

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: River Medical Inc.

FOR THE ACTUAL PERIOD FROM: January 1, 2015 TO: December 31, 2015

BASIS of ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Professional Service:		
1	Legal Fees	100% Ambulance Services
2	Collection Fees	100% Ambulance Services
3	Accounting and Auditing	100% Ambulance Services
4	Data Processing Fees	100% Ambulance Services
5	Other (Attach Schedule)	100% Ambulance Services
6	Total	
Travel and Entertainment:		
7	Meals and Entertainment	100% Ambulance Services
8	Transportation - Other Company Vehicles	100% Ambulance Services
9	Travel	100% Ambulance Services
10	Other (Attach Schedule)	100% Ambulance Services
11	Total	
Other General and Administrative:		
12	Office Supplies	100% Ambulance Services
13	Postage	100% Ambulance Services
14	Telephone	100% Ambulance Services
15	Advertising	100% Ambulance Services
16	Professional Liability Insurance	100% Ambulance Services
17	Dues and Subscriptions	100% Ambulance Services
18	Other (Attach Schedule)	100% Ambulance Services
19	Total	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$	<u>411,546</u>	
2	Amortization			<u>389,360</u>	
3	Total				\$ <u>800,907</u>
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)			<u>303,879</u>

Building / Station Expense:

5	Building and Cleaning Supplies			<u>9,492</u>	
6	Utilities			<u>61,972</u>	
7	Property Taxes			<u>44,118</u>	
8	Property Insurance (included with professional liability insurance)			<u>-</u>	
9	Repairs and Maintenance			<u>58,486</u>	
10	Other (Attach Schedule)			<u>53,715</u>	
11	Total				<u>227,784</u>

Vehicle Expense - Ambulance Units:

12	License / Registration			<u>7,014</u>	
13	Fuel			<u>301,665</u>	
14	General Vehicle Service and Maintenance			<u>297,404</u>	
15	Major Repairs			<u>-</u>	
16	Insurance - Service Vehicles			<u>80,240</u>	
17	Other (Attach Schedule)			<u>60,999</u>	
18	Total				<u>747,322</u>

Other Expenses:

19	Dispatch			<u>-</u>	
20	Education / Training			<u>7,141</u>	
21	Uniforms and Uniform Cleaning			<u>31,684</u>	
22	Meals and Travel for Ambulance personnel			<u>-</u>	
23	Maintenance Contracts			<u>122,778</u>	
24	Minor Equipment - Not Capitalized			<u>9,165</u>	
25	Ambulance Supplies - Nonchargeable			<u>-</u>	
26	Other (Attach Schedule)			<u>32,507</u>	
27	Total				<u>203,275</u>
28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$		<u>2,283,168</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

OTHER OPERATING EXPENSES SUPPORTING SCHEDULE

Line

No.

DESCRIPTION

Building / Station Expense Other:

1	Rubbish removal	\$ 10,001	
2	Other misc repairs	43,714	
3	.....	
4	.....	
5	.....	
6	.....		\$ 53,715

Vehicle Expense - Ambulance Units Other:

7	Repairs - customer property damage	-	
8	Repairs & Maintenance - radio equipment	60,999	
9	.....	-
10	.....	-
11	Total		60,999

Other Expenses - Other:

12	Employee relations	8,430	
13	Computer & Office equipment rental	11,337	
14	Other misc expenses	322	
15	Employee licenses	628	
16	Lab fees & Physicals	3,166	
17	Medical Waste removal	8,626	
18	Charitable donation	-	
19	Total		32,507

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: River Medical Inc.

FOR THE ACTUAL PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 411,546	100%	\$ 411,546
2	Amortization	389,360	100%	389,360
3	Total	800,907		800,907
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	303,879	100%	303,879
Building / Station Expense:				
5	Building and Cleaning Supplies	9,492	100%	9,492
6	Utilities	61,972	100%	61,972
7	Property Taxes	44,118	100%	44,118
8	Property Insurance	-	100%	-
9	Repairs and Maintenance	58,486	100%	58,486
10	Other (Attach Schedule)	53,715	100%	53,715
11	Total	227,784		227,784
Vehicle Expense - Ambulance Units:				
12	License / Registration	7,014	100%	7,014
13	Fuel	301,665	100%	301,665
14	General Vehicle Service and Maintenance	297,404	100%	297,404
15	Major Repairs	-	100%	-
16	Insurance - Service Vehicles	80,240	100%	80,240
17	Other (Attach Schedule)	60,999	100%	60,999
18	Total	747,322		747,322
Other Expenses:				
19	Dispatch	-	100%	-
20	Education / Training	7,141	100%	7,141
21	Uniforms and Uniform Cleaning	31,684	100%	31,684
22	Meals and Travel - Ambulance Personnel	-	100%	-
23	Maintenance Contracts	122,778	100%	122,778
24	Minor Equipment - Not Capitalized	9,165	100%	9,165
25	Ambulance Supplies - Nonchargeable	-	100%	-
26	Other (Attach Schedule)	32,507	100%	32,507
27	Total	203,275		203,275
28	Total Other Operating Expenses (Post to Page 2, Line 15)	\$ 2,283,168		\$ 2,283,168

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BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: River Medical Inc.

FOR THE ACTUAL PERIOD FROM: January 1, 2015 TO: December 31, 2015

BASIS of ALLOCATION OF OTHER EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Depreciation and Amortization:		
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	
4	Rent / Lease	100% Ambulance Services
Building / Station Expense:		
5	Building and Cleaning Supplies	100% Ambulance Services
6	Utilities	100% Ambulance Services
7	Property Taxes	100% Ambulance Services
8	Property Insurance	100% Ambulance Services
9	Repairs and Maintenance	100% Ambulance Services
10	Other	100% Ambulance Services
11	Total	
Vehicle Expense - Ambulance Units:		
12	License / Registration	100% Ambulance Services
13	Fuel	100% Ambulance Services
14	General Vehicle Service and Maintenance	100% Ambulance Services
15	Major Repairs	100% Ambulance Services
16	Insurance - Service Vehicles	100% Ambulance Services
17	Other	100% Ambulance Services
18	Total	
Other Expenses:		
19	Dispatch	100% Ambulance Services
20	Education / Training	100% Ambulance Services
21	Uniforms and Uniform Cleaning	100% Ambulance Services
22	Meals and Travel for Ambulance personnel	100% Ambulance Services
23	Maintenance Contracts	100% Ambulance Services
24	Minor Equipment - Not Capitalized	100% Ambulance Services
25	Ambulance Supplies - Nonchargeable	100% Ambulance Services
26	Other (Attach Schedule)	100% Ambulance Services
27	Total	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

DETAIL OF CONTRACTUAL ALLOWANCES

<u>Line No.</u>	<u>Name of Contracting Entity</u>	<u>Total Billable Runs</u>	<u>Gross Billing</u>	<u>Percent Discount</u>	<u>Allowance</u>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22	(Post Total to Page 2, Line 4)				

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

**SUBSCRIPTION SERVICE REVENUE AND
DIRECT SELLING EXPENSES**

Line No.	Description	
1	Billings at Fully Established Rate	\$ 187,510
	<u>Less:</u>	
2	AHCCCS Settlement	\$ 374
3	Medicare Settlement	106,709
4	Subscription Service Settlement (Post to Pg 2, Line 5) ...	11,537
5	Subscription Service Bad Debt	-
6	Total	118,621
	<u>Plus:</u>	
7	Net Revenue from Subscription Service Runs	68,890
8	Sales of Subscription Service (Post to Pg 2, Line 9)	29,216
9	Other Revenue (attach schedule)	-
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	98,106
 Direct Expenses Incurred Selling Subscription Contracts		
11	Salaries / Wages	
12	Payroll Taxes	
13	Employee Fringe Benefits	
14	Professional Services	
15	Contract Labor	
16	Travel	
17	Other General & Administrative Expenses	
18	Depreciation / Amortization	
19	Rent / Lease	
20	Building / Station Expense	
21	Transportation / Vehicles	
22	Other: (attach schedule)	
23	Total Subscription Service Expenses (Post to Pg 2, Line 17)	\$ -

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: River Medical Inc.

FOR THE ACTUAL PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING REVENUES & EXPENSES

Line No.	Description		
Other Operating Revenues:			
1	Supportive Funding - Local (attach schedule)	\$	-
2	Grant Funds - State (attach schedule)		-
3	Grant Funds - Federal (attach schedule)		-
4	Grant Funds - Other (attach schedule)		-
5	Patient Finance & Service Charges		16,998
6	Patient Late Payment Charges		-
7	Interest Earned - Related Person / Organization		-
8	Interest Earned - Other		-
9	Gain on Sale of Operating Property		-
10	Other:		-
11	Other:		-
12	Total Other Operating Revenues	\$	16,998
Other Operating Expenses:			
13	Loss on Sale of Operating Property		-
14	Other: <u>Bank Charges (Visa)</u>		36,477
15	Other: <u>see attached</u>		702,315
16	Total Other Operating Expenses		738,792
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$	(721,793)

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

OTHER OPERATING REVENUES & EXPENSES SUPPORTING SCHEDULE

Line No.	DESCRIPTION		
	Other Operating revenue - other		
1	.....	\$	_____
2	.....		_____
3	.....		_____
4	.....		_____
5	.....		_____
6	.....	\$	_____ -
	Other Operating Expenses - Other:		
7			_____
8	Regional Overhead Support (IT, Finance, HR, etc...)		<u>245,877</u>
9	Corp Overhead support (Compliance, legal, tax, Risk and Safety, etc...).....		<u>456,438</u>
10			<u>-</u>
11		_____
12		_____
13		_____
14	Total		<u>702,315</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

January 1, 2015

TO:

December 31, 2015

Schedule I DETAIL OF SALARIES / WAGES Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1													0.00
2													0.00
3													0.00
4													
5													
6													
7	TOTAL		0%	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: River Medical Inc.

FOR THE ACTUAL PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule II
DETAIL of SALARIES / WAGES
Management, Ambulance Personnel, Other Personnel

Line No.	<u>Detail of Salaries / Wages - Other Than Officers / Owners</u>				
1	MANAGEMENT:				
	Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
	Operational Manager	40 - 60		Varies	
	Clinical Manager	40		Varies	
	Billing Manager	40		Varies	
	Office Staff	40	Varies		
	General Manager	40		Varies	
2	AMBULANCE PERSONNEL:				
	EMT	42/56	Varies		
	Paramedic and IEMT	42/56	Varies		
	Supervisors	56		Varies	
	RNs	56	Varies		
3	OTHER PERSONNEL:				
	Dispatch	42	Varies		

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

Schedule III DEPRECIATION and/or RENT / LEASE EXPENSE AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Ambulances	Various	1,523,888	100%	1,523,888	SL	Various	491,792	210,943	821,163	
2	Support Vehicles	Various	42,296	100%	42,296	SL	Various	19,792	4,092	18,413	
3	Medical Equipment	Various	953,294	100%	953,294	SL	Various	627,204	162,315	163,775	
4	Communications Equipment	Various	112,368	100%	112,368	SL	Various	95,546	9,570	7,241	
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											

SUBTOTAL

2,631,637

2,631,637

1,234,324

386,920

1,010,592

Post to Pg 13, Line 19.

* Complete Description of property, date placed in service, and rent/lease amount only.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

FOR THE ACTUAL PERIOD

River Medical Inc.

FROM: January 1, 2015 TO: December 31, 2015

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "Straight Line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Building	Various	383,710	100%	383,710	SL	Various	34,863	8,729	319,117	
2	Building Improvements	Various	26,216	100%	26,216	SL	Various	19,478	3,234	3,504	
3	Office Furniture & Equipment	Various	-	100%	-	SL	Various	-	-	-	
4	Computer Equipment	Various	186,762	100%	186,762	SL	Various	167,800	11,663	7,299	
5	Land	Various	70,000	100%	70,000	SL	Various	-	-	70,000	
6	Computer Software	Various	100,383	100%	100,383	SL	Various	100,383	-	-	
7	Facility Lease - 60 Nollane, Quartzsite, AZ 85346										26,505
8	Facility Lease - 3327 N. Hope Rd., Golden Valley, AZ 86413										28,379
9	Facility Lease - 3425 Rutherford, Kingman, AZ 86401										129,477
10	Facility Lease - 1001 Orcutt, Parker, AZ 85344										69,439
11	Facility Lease - 3343 Maricopa Lake Havasu AZ 86406										20,400
12	Facility Lease - 7525 SW HWY 68, Golden Valley, AZ 86413										14,400
13	Facility Lease - 413 EL Camino Way, Lake Havasu, AZ 86403										12,780
14	Facility Lease - 777 West Beale Street										2,400
15											
16											
17											
18	SUBTOTAL above		747,070		747,070			322,524	34,626	389,920	303,879
19	SUBTOTAL from Page 12, Line 20		2,631,837		2,631,837			1,234,324	386,920	1,010,592	-
20	SUM of Line 18 & 19		3,378,907		3,378,907			1,558,848	411,546	1,410,513	303,879

* Complete Description of property, date placed in service, and rent/lease amount only.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

January 1, 2015

TO:

December 31, 2015

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1)	(2)	(3)	(4)	(5)
		Interest Rate	Principal Balance		Interest Expense	
			Beginning of Period	End of Period	Related Persons or Organizations	Other
	Service Vehicles & Accessorial Equipment Name of Payee:					
1						
2						
3						
4						
	Communication Equipment Name of Payee:					
5						
6						
7						
	Other Property and Equipment Name of Payee:					
8						
9						
10						
	Working Capital Name of Payee:					
11	AMR Inc (Intercompany interest expense)	5.25%	\$26,130,586	\$23,735,069	\$1,547,720	
12						
13						
	Other Name of Payee:					
14		%				
15	TOTAL		\$ 26,130,586	\$ 23,735,069	\$ 1,547,720	\$ -

Post totals of Column 4 & 5 to Pg 2, Line 16

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BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

January 1, 2015

TO:

December 31, 2015

Attachment 1

NON-DEDUCTIBLE EXPENSE LISTING

Line No.	Description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

12 TOTAL

\$ -

Attachment 1

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BEMSTG/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO:

December 31, 2015

BALANCE SHEET

Current audited financial statements may be submitted in lieu of the Balance Sheet

ASSETS

CURRENT ASSETS

1	Cash		\$	-	
2	Accounts Receivable			6,025,425	
3	Less: Allowance for Uncompensated Care & Contractual Adjustments			(2,696,832)	
4	Inventory			199,923	
5	Prepaid Expenses			45,736	
6	Other Current Assets	Deferred Tax Assets		80,364	
7	TOTAL CURRENT ASSETS				\$ 3,654,617
9	PROPERTY & EQUIPMENT				3,378,907
10	Less: Accumulated Depreciation				(1,968,395)
11	OTHER NON CURRENT ASSETS				32,303,331
12	TOTAL ASSETS				\$ 37,368,460

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable		\$		
14	Current Portion of Notes Payable				
15	Current Portion of Long-Term Debt				
16	Deferred Subscription Income			24,444	
17	Accrued Expenses and Other			625,974	
18					
19					
20	TOTAL CURRENT LIABILITIES				\$ 650,418
21	NOTES PAYABLE				
22	LONG-TERM DEBT OTHER				
23	TOTAL LONG-TERM DEBT				-

EQUITY & OTHER CREDITS

Paid-In Capital:

24	Common Stock				
25	Paid-In Capital in Excess of Par Value			8,556,372	
26	Contributed Capital				
27	Retained Earnings			4,426,602	
28	Intercompany Payable to Parent			23,735,069	
29	Long-term Tax Liabilities			-	
30	Fund Balance				
31	TOTAL EQUITY				36,718,042
32	TOTAL LIABILITIES & EQUITY				\$ 37,368,460

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BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

River Medical Inc.

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:

1	Net (loss) Income		\$ 2,039,165
	<i>Adjustments to Reconcile Net Income to Net Cash</i>		
	<i>Provided by Operating Activities:</i>	Note: a increase in these accounts improves cash flow	
2	Depreciation & Amortization Expense		800,907
3	Deferred Income Tax		
4	Loss (gain) on Disposal of Property & Equipment		
	<i>(Increase) Decrease in:</i>	Note: a decrease in these accounts improves cash flow	
5	Accounts Receivable		(445,400)
6	Inventories		(29,163)
7	Prepaid Expenses and deposits		(9,159)
	<i>Increase (Decrease) in:</i>	Note: a increase in these accounts improves cash flow	
8	Accounts Payable		117,041
9	Accrued Expenses		53,767
10	Deferred Subscription Income		12,432
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES		\$ 2,539,590

INVESTING ACTIVITIES:

12	Purchases of Property & Equipment		(207,025)
13	Proceeds from Disposal of Property & Equipment		
14	Purchases of Investments		
15	Proceeds from Disposal of Investments		
16	Loans Made		
17	Collections on Loans		
18	Net Working capital payments to Parent		(2,332,565)
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES		(2,539,590)

FINANCING ACTIVITIES:

	<i>New Borrowings:</i>		
20	Long-Term		
21	Short-Term		
	<i>Debt Reduction:</i>		
22	Long-Term		
23	Short-Term		
24	Capital Contributions		
25	Dividends Paid		
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES		-
27	NET INCREASE (Decrease) IN CASH		-
28	CASH AT BEGINNING OF YEAR		-
29	CASH AT END OF YEAR		-

SUPPLEMENTAL DISCLOSURES:

	<i>Non-cash Investing and Financing Transactions:</i>		
30			
31			
32			
33	Interest Paid (Net of Amounts Capitalized)		\$ 1,547,720
34	Income Taxes Paid		\$ 1,359,444

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